

SDWSRF Community Water System Checklist

Water system name: _____

Water system Number: _____

Name of Staff reviewing: _____

Please check all boxes that have met required TMF criteria during the SRF review process.

Mandatory: Must be done prior to issuance of permit.

Technical;

- ☐ System Description
- ☐ Technical Evaluation - (1) - Consolidation Feasibility
- ☐ Certified/Qualified Operators

Managerial;

- ☐ Ownership
- ☐ Organization
- ☐ Water rights
- ☐ Emergency/Disaster Response Plans

Financial;

- ☐ Budget Projection

Necessary: To be done in a specified time frame (compliance schedule), or can be a permit condition.

Technical;

- ☐ Source Capacity Assessment
- ☐ Technical Evaluation - (2-5)
- ☐ Operations Plans
- ☐ Training

Financial;

- ☐ Budget Control
- ☐ Capital Improvement Plan

Comments: (please comment on any subject box not checked) _____
